



## **2022** Cheri Kennedy Child Daycare Scholarship Application

This scholarship application is for daycare expenses and are available for a single working parent enrolled in an institution of higher education with at least 8 credit hours per quarter. Please see page one of the application for a complete list of eligibility requirements.

Please mail completed scholarship applications to:

**TwinStar Credit Union**  
**Attn: Alice Palmares**  
**PO Box 718**  
**Olympia, WA 98507-0718**

Applications may be turned in at any TwinStar CU branch.

For more information please contact Alice Palmares at 360.923.4491 or 800.258.3115 x4491.

Additional copies of this application may be downloaded at [www.twinstarcu.com/foundation/scholarships](http://www.twinstarcu.com/foundation/scholarships)



**CHERI KENNEDY CHILD DAYCARE SCHOLARSHIP APPLICATION**

**The following requirements must be met in order for the applicant to be considered. If the application (pages 1-5) is not completed in its entirety, it will be determined ineligible.**

- Applicant must be a member in good standing with TwinStar Credit Union.
- Applicant must be a single working parent.
- All application questions must be answered completely.
- Applicant must be enrolled in a college, university or vocational school with at least 8 credit hours per quarter.
- Applicant must attach proof of enrollment in an institution of higher education.

**Application must be received or postmarked no later than June 1, 2022**

**ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL**

NAME: \_\_\_\_\_  
(First) (Middle Initial) (Last)

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

NAME OF COLLEGE/UNIVERSITY: \_\_\_\_\_

STATE OF COLLEGE: \_\_\_\_\_

HOW MANY CHILDREN AND AGE(S): \_\_\_\_\_

**I CERTIFY THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

For TwinStar Use

Code: \_\_\_\_\_



**PLEASE NOTE THE LEVEL OF SCHOOLING YOU HAVE COMPLETED AND THE DEGREE YOU ARE PURSUING.**

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**PLEASE LIST ANY COMMUNITY SERVICE EVENTS YOU HAVE PARTICIPATED IN.**

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**IMPORTANT**

If you are selected to receive the scholarship, we would like to recognize your accomplishment by including your name and photo in the credit union newsletter.

Please include this signed authorization form and a photo of yourself with your completed application. If you are selected to receive a scholarship and have not submitted a photo with this application, your name will be included in the newsletter without a photo.

*Photos received by TwinStar Credit Union become the property of the credit union and will not be returned to the applicant.*

*(Please note: A photo is not required to be considered for a scholarship.)*

I authorize TwinStar Credit Union to use my picture and name in any and all print or electronic media.

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**Signature**

**Date**

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**Print Name**

**Date**

**Good luck!**

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**Don't forget to sign above and enclose your photo!**